

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

107508767

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	/					
27	/					
28						
29						
30						
31						
32						
33	/					
34	/					
35						
36						
37						
38						
39						
40						
41						
42						
43	/					
44	/					
45	/					
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	/							
52	/							
53	/							
54	/							
55								
56								
57	/							
58	/							
59								
60			/					
61	/							
62	/							
63	/							
64	/							
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								

TOTAL IND.	22		
TOTAL DEP.			
TOTAL CLAIMS	39		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS